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Atty Docket No. 020683-000110US

PTO FAX NO.: (571) 273-8105

ATTENTION: Examiner Namrata Boveja

Group Art Unit 3622

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**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of Wanqian D. Liu et al., Application No. 09/834,855, filed April 12, 2001 for METHOD FOR PROMOTING PRODUCTS USING A WORLD WIDE WEB are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

- 1) Transmittal Form(1 p);
- 2) Petition for Extension of Time (1 p in duplicate);
- 3) Amendment (12 pp); and
- 4) Appendix (4 pp).

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Dated: August 12, 2005

  
Diane Hawley

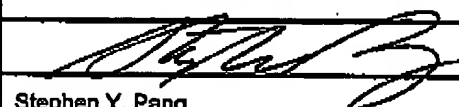
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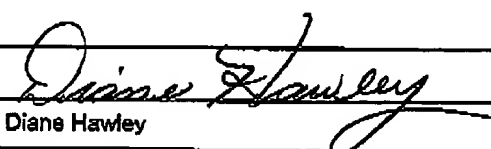
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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/834,855	PTO/SB/21 (08-04) <b>RECEIVED</b> CENTRAL FAX CENTER <b>SEP 16 2005</b>
		Filing Date	April 12, 2001	
		First Named Inventor	Liu, Wanqian D.	
		Art Unit	3622	
		Examiner Name	Namrata Boveja	
Total Number of Pages in This Submission	23	Attorney Docket Number	020883-000110US	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

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